

LOW VOLTAGE ELECTRICAL PERMIT APPLICATION

SUBDIVISION_____ LOT #_____ BLDG PERMIT #_____

STREET ADDRESS_____ SUITE/UNIT #_____

PROJECT NAME_____ COMM_____ RESID_____

GENERAL CONTRACTOR/HOMEOWNER_____

LOW VOLTAGE CONTRACTOR NAME_____

ADDRESS_____

CITY/STATE/ZIP CODE_____

STATE LICENSE #_____ TELEPHONE_____

CHECK ALL THAT APPLY

REQUIRES CONTRACTORS SPECIALIZED LICENSE FOR SECURITY AND FIRE ALARM

RESIDENTIAL

_____ FIRE ALARM _____ SECURITY

COMMERCIAL

_____ PHONE _____ DATA _____ AUDIO _____ VIDEO _____ FIBER

_____ FIRE ALARM _____ SECURITY _____ HVAC CONTROLS

_____ REMOTE CONTROLS _____ LANDSCAPE LIGHTING

_____ NURSE CALL _____ GATE CONTROLS

_____ ENERGY MANAGEMENT _____ OTHER

SIGNATURE_____ DATE_____

NOTE: ALL PERMIT APPLICATIONS MUST HAVE AN ADDRESS VERIFIED BY THE FRANKLIN PLANNING DEPARTMENT (SUITE 104) INCLUDING MULTI-UNIT/SUITES. YOU WILL NEED TO PROVIDE BUILDING FLOOR PLAN FOR PROPER ADDRESS ASSIGNMENT. THANK YOU.

**City of Franklin Codes Administration
615-790-7012 Fax 615-591-9066**